That whole mess was started by a businessman who believed the state and federal conservation agencies were conspiring to destroy the county when acting to protect the environment. He wrote a letter to the county commissioners calling for a grand jury because the conservation agencies, especially the Nevada Division of Wildlife and the U.S. Forest Service, and environmental groups were ruining almost everything held dear by the people of that area. Those suffering economically, according to the writer, were the ranching, mining, and business communities and all of the taxpayers.

The grand jury was called and it acted as wild as the charges made in the letter. While all of this was going on, the U.S. Forest Service sat on its hands and took no action to replace a road damaged by a flood in 1995. This resulted in the county going to fix the road running alongside the West Fork of the Jarbidge River. Immediately another federal agency, the U.S. Fish and Wildlife Service, came unglued because it said the roadwork was hurting the bull trout habitat. Eventually this mess was calmed down and on the surface appears straightened out because the state also had a role to play.

So now everything is hunky-dory between the federal conservation agencies and Elko County? Not really. There's the small issue over cemetery land at Jarbidge. Yes, a very small two acres that Rep. Jim Gibbons wants turned over to the county. Here are Gibbon's words before a subcommittee in Washington last week:

''As you may know Jarbidge is a small, rural community in Elko County, Nevada. Known historically for its contribution to Nevada's mining industry, this community is surrounded by national forest lands and the Jarbidge Wilderness Area.

''Within this area is a small cemetery, under administration of the Forest Service, where generations of residents of this historic community have been laid to rest.

''The earliest tombstones are dated in the very early 1900s, and some members of the Jarbidge community claim that this land has been used as a cemetery long before its designation as Forest Service land.

''Since 1915 the Jarbidge Cemetery has been operated under a permit to Elko County by a Special Use authorization which runs periodically for 10 and occasionally 20 years.

''In an effort to remove the uncertainty about the continued existence of this cemetery and to resolve the operational responsibility, the residents of Jarbidge have long expressed an interest in having two acres, containing the cemetery, conveyed to the county so they might have a permanent, private cemetery.

''Madame Chairman, that is why I have introduced HR 1231, a bill that would direct the Secretary of Agriculture to convey approximately two acres of National Forest lands to Elko County, Nevada, or continued use as a cemetery.''

No problem for this small request coming from a state with thousands of square miles controlled by the federal government. Guess again. USFS Deputy Chief Ron Stewart testified against HR 1231 because his agency expects to be paid fair market price of those two acres. His testimony doesn't describe how you put a price on a cemetery that's just a bit less than 100 years old. What it does reveal is a petty attitude by a large federal agency that continues to result in even its rational decisions being questioned by the people in and around little Jarbidge.

Gibbons could hardly believe Forest Service officials were making the demand but it they were, he added, they ''should hang their heads. These people are asking for a cemetery, not for land to build commercial or residential enterprises. . . . ''

Because of the actions of Elko's runaway grand jury I began to wonder what was in the water the jurors were drinking. This most recent action by the Forest Service in Washington has convinced me that its decision makers are drinking straight from the polluted Potomac River.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. LIPINSKI) is recognized for 5 minutes.

(Mr. LIPINSKI addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

(Mrs. MORELLA addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. BAIRD) is recognized for 5 minutes.

(Mr. BAIRD addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

□ 1530

The SPEAKER pro tempore (Mr. STEARNS). Under a previous order of the House, the gentleman from North Carolina (Mr. JONES) is recognized for 5 minutes.

(Mr. JONES of North Carolina addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. PETERSON) is recognized for 5 minutes.

(Mr. PETERSON of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE PRESIDENT'S PLAN TO MODERNIZE AND STRENGTHEN MEDICARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, I wanted to start this afternoon by talking about the President's plan to modernize and strengthen Medicare for the next century which he announced at a press conference that was held at the White House yesterday; and let me say, Mr. Speaker, if I can, that I strongly welcome this proposal. I think it is a very good proposal and specifically with regard to the new prescription drug benefit, the effort to eliminate copayments and deductibles for preventive care, the fact that it also includes the Medicare buy-in for the near elderly, those who just are below the age of 65, and the fact that by using 15 percent of the projected surplus that Medicare is fully funded for a much longer period of time than would be the case under current conditions. All these things I think are a strong indication that this is a very good proposal which certainly the Democrats support and which I am hopeful that the Republicans and the Republican leadership will support as well so that we can get a bill out of committee to the floor and passed in this Congress.

Let me just talk a little bit about some of the most important aspects of this Medicare proposal in my opinion. I think probably the most important aspect is the new voluntary Medicare Part B prescription drug benefit that is affordable and is available to all beneficiaries.

We all know that when you talk about Medicare the biggest gap, if you will, that exists in the Medicare program now is the lack of a prescription drug benefit. When Medicare was started under President Johnson as a Democratic initiative back in the 1960s, over 30 years ago now, prescription drugs were not that much a part of the average senior citizen's budget. Medicine then was not so much emphasizing preventive care, particularly prescription drugs; and, frankly, a lot of the prescriptions that we have now had not even been invented. So it was not an important issue. It was not included in the Medicare package at the time.

But as time went on over the last 30 years the lack of a prescription drug benefit has been a major gap causing senior citizens to expend a lot of money out of pocket, in some cases several thousand dollars a year. And so the President's response in trying to include a modest prescription drug benefit is commendable, it is fully paid for, and I think it will go far towards helping senior citizens and the disabled under Medicare to deal with this problem.

I just wanted, if I could, to outline some of the high points of this. There is no deductible. And, well, basically the way it applies is that you contribute initially $24 a month as the premium that you pay for this new Part B; and Medicare, once you participate, pays half of your drug costs from the first prescription filled each year up to

$2,000 a year when the program begins. And eventually that will be phased in to be up to $5,000 a year in drug costs. And, of course, the premium will go up as well and could, when fully phased in by 2008, be as much as $44 per month.

But what it would mean is that, when the program starts, is that if you pay $24 a month and you have as much as $2,000 in prescription drug costs for the year, half that will be paid by Medicare. And there is no deductible, there is no copay, so to speak, so that starts with the first prescription, that half of it is paid for by Medicare.

The other thing that is important is that this program, if you participate in this new Part B benefit, will insure the beneficiaries a discount similar to that offered by many employer-sponsored plans, which is estimated to be, on average, over 10 percent. So even if you go above the $2,000 per year, you are still benefiting in the discount, and of course the discount is your floor. So you are going to get a discounted price before you are even starting to pay for the prescription drugs.

The cost I mentioned initially is $24 per month beginning in 2002 when the program is set to begin. I would also point out that for those beneficiaries, for those Medicare recipients who are below a certain income level, there would be no premium. Beneficiaries with incomes below 135 percent of poverty, and that is $11,000 for a single individual or $17,000 for a couple, would not pay premiums or cost sharing. Those with incomes between 135 and 150 percent of poverty would receive premium assistance as well. So in many ways this is modeled after the so-called QMB program with Part B of Medicare where, if you are below a certain income, you do not pay the premium at all, and then there is assistance for those a little bit above that level to pay part of the premium.

Finally, I wanted to mention with regard to the prescription drug benefit that it would provide financial incentives for employers to retain their retiree health coverage if they provide a prescription drug benefit to retirees that was at least equivalent to the new Medicare outpatient drug benefit. This would save money for the program. So we would encourage those who already provide or have a prescription drug benefit as part of their pension or retirement health benefits, that would be incentives for employers to keep that benefit.

Now some may say, ''Well, how many Medicare recipients would actually benefit from this prescription drug program and would see fit to opt for it because it is voluntary?'' And we estimate, the President estimates, that most Medicare beneficiaries will choose the drug option because of its attractiveness and affordability. Older and disabled Americans rely so heavily on medications that about 31 million beneficiaries would benefit from this coverage every year. So there are about 31 million, which is the majority of Medicare recipients, who would find that if they pay this premium per month, or if they were eligible to not have to pay the premium, that they would end up saving money and opt for the Part B prescription drug benefit.

Now let me talk a little more about some of the other major aspects of this, the President's Medicare proposal, that I think are worthy of note. One of the things that is changing, and I think for the good with regard to health care, and that is not only for seniors and the disabled, for everyone, is the renewed emphasis on prevention. A few years ago, preventive medicine was not really in vogue. Some people did it, some people did not, but it was not thought about a great deal. But increasingly we know that if people take preventive measures, and prescription drugs are really part of that, I mean then they avoid hospitalization, they avoid nursing home care, they avoid expensive treatment.

Well, the President, when he unveiled his Medicare expansion and modernization proposal yesterday at the White House, said that it would include the elimination of all cost sharing for preventive benefits in Medicare, and that means basically that there would be no copayments and deductibles for preventive services covered by Medicare. And just to give you examples, that would include cancer screening, bone mass measurements, pelvic exams, prostate cancer screening, diabetes self-management benefits, mammograms. Anything that is preventive we would eliminate the deductible and the copayment.

I think that is significant, not maybe as significant as the drug benefit, but kind of that goes along with it, because what it means is we do not want to discourage people because they have to shell out a certain amount of money into not taking preventive measures, and the reason makes sense, not only for them individually, but also because it saves the government money because, if they do these types of screenings, maybe they avoid hospitalization and expensive operations that Medicare would have to pay down the road.

So I think it makes a lot of sense, and let me just mention two other things. One is the Medicare buying proposal. This is something that is not new. The President proposed it in his State of the Union address, but he is reiterating it once again, and it will be part of this legislation that is sent up to Congress. And that says that Americans between the ages of 62 to 65 would be able to buy into the Medicare program for approximately $300 per month if they agree to pay a small risk adjustment payment once they become eligible for the traditional Medicare at 65. So people in those years would be able to buy into Medicare. Displaced workers between 55 and 62 who had involuntarily lost their jobs and insurance would buy in at a slightly higher premium, about $400 a month, and retirees over age 55 who had been promised health care in the retirement years would be provided access to COBRA continuation coverage if their old firm reneged on their commitment. So, again, we are reiterating this buying proposal for the near elderly, very important because so many of those people do not have health insurance.

And last thing, and then I would like to yield to one of my colleagues, is that the President reiterated once again that he will dedicate 15 percent of this growing surplus over 15 years to Medicare, and that will ensure the life of the Medicare trust fund until at least 2027. So we are extending the life of the Medicare trust fund. It means that Medicare remains solvent for almost another 30 years, terribly significant.

So many senior citizens come up to me and say that they are worried about, as my colleagues know, whether Medicare is going to be there, and of course younger people as well. It is probably more of a problem for younger people than it is for senior citizens right now. But this proposal which the President put forward would keep Medicare intact and fully paid for until the year 2027.

So I think it is a great idea. I am sure going to see a lot more Democrats coming up and saying that they support it, and hopefully we will get support from the Republican leadership as well.

Madam Speaker, I wanted to go into some more details about the President's Medicare plan because I think that it is so important. Many people, many Members of Congress, I am sure, hear from their constituents about the problems that their constituents have because of gaps in Medicare, particularly with regard to the prescription drug benefit. But the bottom line is that the President's plan is seeking to modernize and strengthen Medicare in a lot of different ways, as my colleagues know. And if I could just highlight some of the other things that were mentioned yesterday by the President when he had the press conference at the White House?

☐ 1545

A lot of the Medicare modernization program that he has put forward seeks to modernize and strengthen Medicare by making it more competitive and efficient.

I know that those are words that are often thrown out around here and people mention that all the time, but I think that it is important to kind of stress some of the efforts that the President is putting forth that would also make the Medicare program more competitive and efficient, if I could at this time.

One of the things that he stressed was giving traditional Medicare new private sector purchasing and quality improvement tools. The proposal would make the traditional fee-for-service program more competitive through the

use of market-oriented purchasing and quality improvement tools to improve care and constrain costs. It would provide new or broader authority for competitive pricing, incentives for beneficiaries to use physicians who provide high quality care at reasonable costs and coordinating care for beneficiaries with chronic illnesses and other best practice private sector purchasing mechanisms.

Essentially, what he is trying to do is to make Medicare more competitive, more efficient, by bringing in some private sector tools. That is estimated to save about $25 billion over 10 years.

The second area where this competitiveness comes into play is by extending competition to Medicare managed care plans by establishing a competitive defined benefit while maintaining a viable traditional program. The competitive defined benefit proposal would, for the first time, inject true price competition amongst managed care plans in Medicare. Plans would be paid for covering Medicare's defined benefits, including a new subsidized drug benefit which we mentioned, and would compete by offering lower cost and higher quality.

Price competition would make it easier for beneficiaries to make informed choices about their plan options and would, over time, save money for both the beneficiaries and the program.

The competitive defined benefit would do so by providing beneficiaries with 75 cents of every dollar of savings that result from choosing lower cost plans. Beneficiaries opting to stay in the traditional fee-for-service program would be able to do so without an increase in premiums. There is a savings from that of $8 billion over 10 years starting in the year 2003.

Then there are two more points, if I could, and then I would yield to some of my colleagues who I see are joining me on the floor to discuss this.

The third point is that the President's proposal constrains outyear program growth but more moderately than the balanced budget amendment which we adopted in 1997. To ensure that program growth does not significantly increase over most of the Medicare provisions of the Balanced Budget Act, which expire in 2003, the proposal includes outyear policies that protect against a return to unsustainable growth rates but are more modest than those included in the Balanced Budget Act of 1997.

I do not want to keep going into all of the details of this, but I think that the President again should be commended for trying to bring a more competitive and efficient approach into the Medicare program. And that is one of the reasons that we are able to save some money.

So, in essence, what he is doing here is bringing a significant amount of the surplus, 15 percent, into the Medicare program to make sure that the program is solvent, to expand the benefits to include the drug benefit, but at the same time trying to make the program more competitive and efficient and saving money.

That would be also brought back into the program for these extra benefits like prescription drugs, as well as to keep the program solvent until the year 2027.

Obviously this is the type of thing that is very important, and I think only helps in the overall effort to strengthen and modernize the Medicare program.

It is interesting because many of us on the Democratic side have been talking about the need to include a prescription drug benefit, and our effort, and I see my colleague, the gentleman from Maine (Mr. ALLEN) is here, actually goes back to, I think it was sometime in May, around Mother's Day, when there was a report put out by the Older Women's League, OWL, and I had come to the floor at that time to specifically point out how the gaps in the Medicare program have a particularly negative impact on older women, which the OWL report highlighted.

Most of what was discussed was the problem in terms of out-of-pocket costs for prescription drugs.

The other thing that the OWL report pointed out is that many of the lowest income senior citizens again are women and those are the very women who would benefit most from this prescription drug benefit and would not have to pay at all because they fall below the poverty level and would not even have to pay the $24 monthly premium.

So all in all, this is a great program.

Mr. ALLEN. Mr. Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentleman from Maine, who came down here to join me and discuss this.

Mr. ALLEN. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding.

Mr. Speaker, this is a good day. The President's proposal to reform Medicare is a giant step forward to preserve, protect and strengthen a program that is one of the best things that we do, that the Federal Government does, for senior citizens.

Together, Medicare and Social Security keep 40 to 50 percent of our seniors out of poverty and yet these programs both face some challenges. In the case of Social Security, the challenge is largely demographic, simply more people are growing older. And as the baby boom generation retires, there will be extra pressure on the program.

Medicare has a demographic problem but also a cost problem and a quality problem.

I thought what I would do today is talk a little bit about the prescription drug benefit that is contained in the President's proposal and then talk a little bit about some other aspects of the proposal that I think are very important.

Last year, I asked for a study in my district on the cost of prescription drugs to the elderly, and that study was done by the Democratic staff of the Committee on Government Reform, and they found that, on average, seniors are paying twice as much for their prescription medications as the drug companies' best customers, and the best customers are hospitals, HMOs, and the Federal Government through the purchases it makes for veterans or through medicaid.

As a consequence, I introduced last year and again this year what is now H.R. 664, the Prescription Drug Fairness for Seniors Act. Now, this legislation would allow pharmacies to buy drugs for Medicare beneficiaries at the best price given to the Federal Government. We think it would reduce prescription drug prices for seniors by 40 percent, 40 percent, at virtually no cost to the Federal Government.

Now, when I introduced this legislation, I thought we would have some support on the Republican side of the aisle, because I thought, naively, that a bill which provided a substantial discount on prescription drugs to seniors, at virtually no cost to the Federal Government, with no new bureaucracy, would have broad bipartisan support, but that has not happened.

I am very pleased that in the President's proposal this concept, though not the bill, is included. The concept is included in the President's proposal by the suggestion that Medicare would contract with pharmacy benefit managers and that those pharmacy benefit managers would get at least a 10 percent discount from the manufacturers for prescription drugs.

I think we could do better. I think we could be more aggressive, but it is really a step in the right direction.

The President's prescription drug benefit is a modest step, but again the right sort of step. What he is proposing is this: For an initial premium of $24, rising to $44 by 2009, Medicare beneficiaries could sign up for a prescription drug benefit that would pay them initially $1,000 maximum toward their prescription drug costs, one half of their total costs, covered costs, and that benefit would rise to $2,500 by the year 2009.

So for those seniors who have $2,000 in prescription drug costs right now or $5,000 in prescription drug costs by the year 2009, the government would basically pay one half of all their costs in return for a modest premium. That is a good plan and a real step forward.

What is interesting is the reaction of the Republicans to these various proposals. On the one hand, the Republican reaction to the President's plan has been, well, two-thirds of seniors have coverage for their prescription drugs; we do not need this plan. But the two-thirds is not quite right.

Thirty-seven percent of all seniors have no coverage at all for their prescription medications. That percentage in rural areas is 50 percent. Fifty percent of seniors in rural areas have no coverage whatsoever.

Another significant percentage have inadequate coverage. So at the very least, we are talking about half the seniors on Medicare and we cannot just dismiss them out of hand and say because it is only half the seniors on Medicare we should therefore forget about them. These seniors have very serious problems paying for their food and for their medication.

A couple of stories. I have seniors in my district who have written me, women who have written me and said, I do not want my husband to know, but I am not taking my prescription medication because my husband is sicker than I am, and we cannot both afford our medications.

It should not be that way in this country, not when all of those people are already on a Federal health care plan called Medicare.

The Republican reaction to our bill, which has virtually no cost to the Federal Government, is, oh, dear, it may involve price controls, which it does not; pharmaceutical companies may not be as willing to do research and development. I do not believe that for a moment.

They have not signed on to a bill with virtually no cost to the Federal Government, and when it comes to the President's plan they say it costs too much.

What is uniform here is a refusal to recognize the seriousness of the problem that seniors are having paying for their prescription medications and their food and their rent or whatever, an unwillingness to come to grips with it. The President's plan comes to grips with this problem. He is basically saying, if we were inventing Medicare today, no one, no one, would leave out a prescription drug benefit.

So the question in this time of unprecedented economic growth, with budget projections that are better than any this country has seen in the last 30 or 40 or 50 years, the question is, cannot we take care of our seniors? I really believe that we can.

There is another piece of the proposal that I wanted to mention. I think this is an important piece of the proposal. What the President is saying is we need a competitive defined benefit plan. It builds on the security and the stability that we have in Medicare today.

Now, what do I mean by that? Well, today the benefits that people have under Medicare remain the same, from year to year to year, unless Congress acts to change them. There is stability. There is predictability. There is continuity in that benefit structure. But if private insurance companies come into Medicare, take over Medicare, what we will find is the benefits will start changing; prescription drugs that are covered today will not be covered next year; the benefits will change; the premiums will change, and we will wind up with confusion, with lack of clarity, with instability and with lack of predictability. That is not what seniors in this country need.

Now, what the President is saying to the extent that there are managed care companies, HMOs, operating under Medicare, and that is about 14 percent of the Medicare market right now, they ought to be providing a basic, defined benefit plan which cannot be changed. Stability, continuity, predictability, that is the kind of competition we need, over price, over quality, but not over variation in benefits.

□ 1600

Private health insurance companies will also act to exclude the sickest and the poorest and to cover the healthy and the wealthy. That, again, is not what our seniors need. We want the equity of this existing Medicare system to continue under any reform proposal.

What is exciting about the President's proposal is that he has made the commitment to preserve the equity in the system, he has made the commitment to expand and improve on the benefit structure by adding a Medicare benefit, and he has also insured the solvency of Medicare out to the year 2027.

This is a remarkable achievement. We should not let this opportunity pass by. We have a chance in this country now to take the two programs that mean the most to our seniors, social security and Medicare, and use the surplus that we have, set it aside, save it, and take care of these two major commitments of the Federal government.

The message is clear, first things first. We have a commitment to our seniors, social security, and Medicare. We have the resources to make sure that the government follows through on that commitment, and we ought not to let this opportunity pass by. I thank the gentleman very much for yielding to me.

Mr. PALLONE. I just wanted to thank the gentleman from Maine. He has been the leader on this whole issue of the high cost of prescription drugs. He introduced a bill, I think he gave us the number, but I call it the Allen bill, because he is the prime sponsor. I am a cosponsor of that bill. I think it is a very important piece of legislation in terms of the effort to try to control prices of drugs, which are out of hand, particularly for senior citizens.

I am really glad that the gentleman talked about how the President's bill, even though it is different, or the President's proposal, even though it is different, tries to get at the costs. One of the things we mentioned was this whole discount that would be available, as well as the competitiveness.

The gentleman's proposal as well as this one I think kind of follow on each other in an effort to try to achieve the same goal. I just wanted to say, I wanted to yield to the gentleman from Texas, but I know a lot of people, and I have already heard that from some of the Republicans, and I am not saying all of them, because I think we are going to actually get some Republican support on this, and hopefully a lot of it. But I have heard the same thing, this does not help everyone, this only helps 50 percent of the people.

The President said yesterday, this was a modest proposal. This was not a proposal to try to cover everyone, but it is modest and it is paid for. That is the main thing.

He went out of his way in the document that was presented to us yesterday and in the discussions we have had since then to show in detail how every penny of this thing is paid for. I think that is important, because we know that everything is not endless around here and we have to pay for things.

The fact of the matter is something like 31 million seniors would benefit from this program, a majority. To me that is a strong beginning, and something that we should support. I appreciate what the gentleman said.

I yield to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, if I might address some queries to both gentlemen, first, if I understand the legislation of the gentleman from Maine, it does not involve any cost to the taxpayer at all. Is that correct?

Mr. ALLEN. I would agree with that, except there might be some small administrative cost, but virtually no cost.

Mr. DOGGETT. There are various ways to deal with this problem, but what the gentleman is spotlighting, those least able to pay get charged the most. I know one very commonly prescribed medication for those over 65 having to do with cholesterol, that it is 300 percent more if one is a senior paying individually than if one is in some kind of group health insurance plan, like many of my folks are there in central Texas.

So, for example, I have here in Washington today a number of teachers from our public schools. They have a better arrangement probably now through their group and health insurance to get prescriptive drugs than they would have as an individual retiree once they are on Medicare, because there is no Medicare coverage, and they are going to be charged all the market will bear when they are having to bargain for themselves individually, is that not correct?

Mr. ALLEN. The gentleman has it, that is right.

Mr. DOGGETT. But that is not true for veterans, is it? We also have some veterans here today from central Texas. A veteran going through the Veterans Administration can avoid that problem to some extent, can he not?

Mr. ALLEN. To some extent. Certainly some veterans get their prescription drugs free through the Veterans Administration. It does not apply to all veterans, but it does apply to some. There are some benefits for veterans, that is true.

Mr. DOGGETT. How is it that the Veterans Administration is able to get these prescription drugs at a more reasonable price than an individual veteran not covered, or someone who is on

Medicare and not covered can get them?

Mr. ALLEN. If the gentleman will yield again, basically this is a question of market power. The best prices are given by the manufacturers, the pharmaceutical manufacturers, to hospitals, HMOs, or the Federal government, all of which have some negotiating power.

What my legislation does and what the President's proposal does, to an extent, is basically say, for those people who are already under a Federal health care plan, namely, Medicare, they ought to get a similar discount. That is all that we are saying with the legislation that I have introduced.

Mr. DOGGETT. So to all those major interest groups that are opposing the gentleman's legislation and saying we are going to have cost controls and we are going to threaten research and all these various straw men that they raise to oppose doing something for seniors who have to pay the most when they have the ability to pay the least, the gentleman is saying, really, he is going to let the market work, but he is going to bring a little equity in the bargaining power to the marketplace.

Then I would ask the gentleman, and I appreciate very much the gentleman's leadership on this measure, I would ask the gentleman from New Jersey about why it is, at a time when Congress has recessed early, before people have left work in Austin, Texas, and in much of the country, I think Congress recessed today again just after doing very, very little and nothing very meaningful for the American people. We were not here on Monday. There is some debate whether we will be here on Friday.

Why is it that there can be an issue as important as providing prescription drugs for those who are over 65 and addressing the concerns through a Patients' Bill of Rights of those of all ages who rely on managed care, why is it that the Congress is not out here having a full debate, where Republicans and Democrats are debating about what the best way is to solve this problem?

Mr. PALLONE. I think the answer is very simple. That is that the Republican leadership in the case of the Patients' Bill of Rights, the HMO reform, simply does not want to bring up the bill because they do not want it to pass. They know if the Patients' Bill of Rights, the HMO reform, comes up and it is considered, it will pass, so they exercise their leadership by not bringing it up.

I think the reason they do it is very simple: They are beholden to the insurance companies. They are beholden to the HMOs. They spend, the HMOs spend millions of dollars on advertising and influencing congressional races. They do not want this legislation brought to the floor because they know it will pass.

Mr. DOGGETT. At least in terms of the time available here, there is no reason why we could not have already considered the Patients' Bill of Rights. And as far as prescription drugs, whether it is the approach the gentleman from Maine (Mr. ALLEN) has taken, the approach that the President has recently indicated he supported, or any number of other avenues, there are other pieces of legislation introduced, the reason that those are not getting considered here on the floor has nothing to do with the Congress not having time to consider them, does it?

Mr. PALLONE. I do not think anybody can make the argument that we do not have the time. As the gentleman very well pointed out, we did not meet Monday, we met yesterday very briefly, today we adjourned at 2:30.

Mr. DOGGETT. We will have a recess next week. I doubt most people will know we are in recess. The Congress has done so little so far this year, they probably won't miss anything other than the rhetoric next week, certainly no meaningful action.

Mr. PALLONE. The gentleman did not mention, but I could add, it took almost 2 weeks in the other body, the Senate, for the Democrats to insist that the Patients' Bill of Rights be brought up. They almost had to filibuster in order to make sure that the bill was brought up.

I understand that when we come back after the recess that there is an agreement to bring up the Patients' Bill of Rights in the Senate, but there were two weeks wasted because the Republican leadership would not bring it up. It remains to be seen whether they actually do when we come back.

Mr. DOGGETT. I know next week during the recess here in Washington I am going to be meeting with seniors in Austin at a pharmacy to do very much the kind of presentation I know the gentleman has already done in New Jersey, to point out for a neighborhood pharmacy in Austin, Texas, the difference in the charges that seniors without prescription drug coverage get charged and that everybody else gets charged. It is a cruel disparity.

I have one letter after another here that I expect I will have an opportunity to explore with the gentleman at another time as we try to draw attention to the failure of the Republican leadership to deal with this issue; of people saying that they have to make some really critical lifetime choices, and sometimes it is a matter of choosing food, of choosing groceries, or choosing prescriptive drugs.

I think the American people should be appalled at the failure of this Congress to come to grips with these issues. It is not a lack of time, it is a lack of leadership and a lack of interest in these kinds of pressing problems that the American people face. I thank the gentleman for his leadership on this.

Mr. PALLONE. I appreciate the gentleman bringing this up.

When the President unveiled his plan yesterday, and we were there, that was the reason he cited why he was dealing with this prescription drug benefit, because he said that when he was first elected he was hearing a chorus from different senior groups about how they had to decide between whether they were going to eat and have proper nourishment as opposed to paying for their prescription drugs.

He vowed that he was going to make sure that something was done about it so people did not have to make that choice.

Mr. Speaker, I yield to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Mr. Speaker, I want to thank the gentleman for his leadership on this issue.

Coming from Florida, where we have over 3 million senior citizens, this is a real crucial issue for us. I can tell the gentleman that no matter where I go in Florida, the major issue is Medicare and what is going to happen to the program. Really, it is not social security, it is not education, this is what on their minds, because of the cuts that exist in the program from the balanced budget amendment.

Can the gentleman tell me a little bit about the President's proposal in restoring some of those cuts in home health care?

Mr. PALLONE. I know that concerns have come up with home health care, with some of the outpatient services, and also with teaching hospitals that have been concerned about the limitations on the amount of money that they have available with research.

What the President said, and I do not have the details in front of me, was that because of the infusion of funds from the 15 percent of the surplus, which is a growing amount now that would be dedicated to the Medicare program, and because of the cost savings that he was putting in place with the new efficiency and competitive proposals that I mentioned previously, and others, that more money would be available to address some of these problems.

Yesterday he did not specifically mention which ones would receive a certain amount of money, but a lot of things the gentlewoman mentioned, including the home health care.

Ms. BROWN of Florida. Nursing homes.

Mr. PALLONE. They were mentioned. My understanding is that because of the savings, as well as the money that is going to be made available in the surplus, because of the surplus, some of those concerns can be addressed.

Ms. BROWN of Florida. A couple of those things that he did mention, which is very exciting for people in Florida, and one that the gentleman has been talking about, the prescription drugs, which is so crucial for the people of Florida, I cannot tell the the gentleman how many times that I go home and this subject comes up about the cost of medicine.

People join the HMOs for various reasons. Basically, their prescriptions eat

it up in a couple of months, and then they are left having to pay this astronomical cost of medicine. So I am very excited about this portion of the President's proposal.

Another proposal that is very exciting is that when this program started in 1965, a lot of the things that we have done in medicine were not available, so the prescreening portion, that people can go in and be screened for cancer, diabetes, and other things without any cost, that preventative part, and not be penalized, that preventative part I think is so crucial.

Mr. PALLONE. I agree. I have to be honest, for the 12 years that I have been in Congress, I guess it is 11 years, the thing that always bothered me the most was how we did not provide any incentives for preventative care.

Forgetting the health aspects, which of course we do not want to forget, that is the most important thing, but just looking at it from a financial perspective, every one of the things that the gentlewoman mentioned, if that manages to catch something before it gets worse it is going to save us so much money, because down the road we would have to pay for the operation, the hospital care, the nursing home care, astronomical costs that can be saved because somebody does some kind of preventative screening or testing.

So what the President proposed makes sense. Why penalize people or discourage them from having those kinds of preventative measures? I totally agree. I think that was one of the best aspects.

Ms. BROWN of Florida. One of the things that I have decided to do, Mr. Speaker, to highlight the program, is in my town meetings I am going to bring in seniors in Jacksonville, I am going to have a coffee with them, to discuss the proposal; in Orlando I am going to bring them in during a luncheon. Because I think it is important that they not only talk with me and get the details of the proposal, but they call the other representatives in the area.

I think it is very important, particularly for Florida, with the number of elderly population that we have, and growing, that we get some relief. I think this is a way that we can go in Florida. I am hoping that all Members of the Florida delegation will support this proposal. Of course, the people can decide whether or not they think this is important.

Mr. PALLONE. I agree. One of the things, one of the reasons I think it is so important that we have these kinds of outreach programs, is my own experience in my district.

My district runs from very wealthy to very poor. A lot of the seniors who are below a certain income and eligible for what we call the QMBY program, where their Part B benefit was paid and they did not even have to put out a premium, were not even aware that that was true. They did not know that they were eligible to not have to pay the premium for the Part B doctor's bills. The same is going to be true with this program.

□ 1615

Once we put this into place, this new part D, if they are below a certain level, I think I mentioned $11,000 for a single or $17,000 for a couple, they would not even have to pay the premium. So for the group of people that are in that category, this is a Godsend in my opinion. So it is important to get out there and, as the gentlewoman from Florida (Ms. BROWN) says, and talk to people about it. Because a lot of people are not even aware of the benefits that are there for them now, let alone once we pass this new benefit.

Ms. BROWN of Florida. Madam Speaker, I think, in the richest country in the world, it is ludicrous that seniors have to decide whether or not they are going to pay their rent, buy their medicine or buy food. I think we need to commend the President for coming forward with this recommendation.

Mr. PALLONE. Absolutely.

Ms. BROWN of Florida. So I will do all I can to inform the public so that they will call Members of Congress. A lot of people think that we are working because we are meeting 5 days a week. But it is not the quantity, it is the quality of what we are doing. If we are not dealing with the issues that is important to them, then we might as well be home doing constituent case work.

Mr. PALLONE. Exactly. Madam Speaker, if the gentlewoman would bear with me, I mentioned earlier OWL, which I think stands for Older Women's League. They put out this report around Mother's Day this year that we were talking about on the floor at the time to try to get some of the changes that the President has now proposed. There were just three examples. They gave some real life examples that were mentioned at that time. If I could just briefly mention them, because I think they really illustrate why this is so important.

This is a woman from Montgomery, Alabama, Clusta, I do not know if I am pronouncing it right, C-L-U-S-T-A, I guess is her first name. She is 77, widow of 15 years, lives alone. Social Security is her sole source of income. Her Medicare Part A hospital coverage is supplemented by Blue Cross/Blue Shield. She pays her Medicare Part B premium as part of the specified low income Medicare beneficiaries. So that means that she does not get it all free, but she gets some assistance. So she does not pay the whole thing.

But she goes on to talk about how valuable Medicare is, but she says it is not enough. She spends as much as $3,000 a year on her health, most of which goes for medicine. She takes 15 different medications, some twice a day. Of course, she lives in subsidized housing.

In order to be in that slim B category, she is probably making maybe, I do not know, $12,000, $13,000 a year. She is spending $3,000 of that on prescription drugs. I mean, it is ridiculous. My colleagues can see how this would benefit her.

There is this other woman, Joan, from southern Connecticut. She is 67, retired social worker, and I am going to skip a lot of this stuff. But she has an illness which she explains as too many infection fighting T cells that attack her internal organs and her nerve cells. She goes on to describe her illness, but she has a supplemental insurance policy which covers 80 percent of her medication. Otherwise, prescription drugs would cost her $3,500 annually. But this policy, which is a Medigap policy, is said to expire, and she is now looking to replace it.

Now, again, I think the gentleman from Maine (Mr. ALLEN) was pointing out that there has been some suggestion, well, a lot of seniors get prescription drugs because they have Medigap, supplemental insurance that they pay, so what is the big deal? Well, the big deal is that, in many cases, they cannot afford to buy Medigap because it is getting more and more expensive. A lot of people cannot get the coverage.

In this woman's case, she knows it is going to expire. She obviously cannot continue it. I mean, she would benefit in a major way, $3,500 a year in prescription drug benefits. It is unbelievable.

Then I just want to mention one more, and this is a woman, Rhoda, from suburban Minnesota. She is 70. Her late husband and her both suffered from chronic disease. She is a breast cancer survivor. She talks about the value of Medicare.

She said that her and her husband spend closes to $300 a month on prescription drugs. They take three prescription medications apiece everyday, and her husband took two insulin shots each day as well. The couple pay out of pocket for various things.

I mean, again, I do not want to get into all the details, but there are just so many people out there that are in this category. That is why we need this program.

I yield to the gentlewoman from Florida (Ms. BROWN).

Ms. BROWN of Florida. Madam Speaker, I just want to add one thing. With all of the advances in medicine, some of the most beneficiary advancements include our ability to detect diseases before they become life threatening. Under the President's plan, these types of screening would also be covered.

We all know that one ounce of prevention is worth a pound of cure. This is a perfect example of how we can use medicine advanced to make smart and cost effective changes in the way we deliver health care.

I really want to commend the President for coming forth with this recommendation, and I am hoping that we in the Congress will look very seriously

at his proposal, and that the community will get involved, and that different groups that support elderly get involved so that we can pass a bill.

Mr. PALLONE. Madam Speaker, I have to say I know that we have been very disappointed with the Republican leadership on a number of health care initiatives, most importantly the Patients' Bill of Rights that they refuse to bring up, so that now we have got to actually sign this discharge petition and try to get it to the floor.

So far, there has not been a lot of criticism of the President's proposal on Medicare. I am hopeful, I am sort of crossing my fingers here and hoping that, at some point, we will see an expression of support for this.

Ms. BROWN of Florida. Madam Speaker, I am certainly hoping that everybody from Florida will take a real close look at this proposal because I do not think it should be a Democratic or a Republican proposal. I think this proposal should be one that benefits the people, particularly the people of Florida. I am just hoping that my colleagues will come to the table and let us work together for the good of the people of Florida and also the good of the people throughout the country. I think we can do this in a very bipartisan way.

Mr. PALLONE. I hope so. Madam Speaker, again, I just keep pointing out that the only reason that we start to agitate as Democrats is because we cannot get some of these good proposals brought forward. That is certainly true with the Patients' Bill of Rights. But, hopefully, it does not have to be the case with this Medicare proposal.

I know that, initially, there was Republican resistance to the idea of taking 15 percent of the surplus and using it for Medicare. I hope that they will go along with that. I hope that they will go along with the prescription drug proposal and some of these other very significant changes in Medicare that the President has proposed.

Ms. BROWN of Florida. Madam Speaker, I once again want to thank the gentleman from New Jersey (Mr. PALLONE) for his leadership on this matter. The people in Florida owe him a great deal of gratitude for bringing this issue before the public.

Mr. PALLONE. Madam Speaker, I yield to the gentleman from New York (Mr. SERRANO).

Mr. SERRANO. Madam Speaker, I want to thank the gentleman from New Jersey (Mr. PALLONE) again for leading us always on these very important issues.

I was listening to the comments in my office. It dawned on me that I represent one of the youngest, if not the youngest, district in the Nation. Traditionally, a lot of the discussions in my district are about young people, and, therefore, day care and education and schools; and a lot of times, unfortunately, not enough is discussed about the issue of senior citizens.

Yet, it dawned on me also, as I was listening, like the rest of America, my district is aging. We are not becoming the younger district that we were. All of a sudden, this becomes a very serious issue.

I just wanted to come down and take just a few minutes to say that I think the President has put before us an excellent plan, and there is no reason why we should not respond to it.

But my biggest concern continues to be the same concern I had when I came down last week and joined the gentleman for the discussion on HMOs, managed care. The whole issue of how can we as the greatest Nation on earth continue to dodge, to duck the issue of providing the best, which we are capable of, medical care, the most affordable, which we are not doing but we are capable of, and the most universal medical care.

If we had bad medical services in general, if we had bad medicine and we had bad doctors, then maybe the plan would be to keep a lot of people away from it and not make it available to everybody. But that is not our case.

So what the gentleman from New Jersey is doing here today, and what I want to join him, is to plea with the American people to join us in alerting Members of Congress to the fact that this time here we are dealing with yet another issue in the whole area of providing medical services.

At times, we deal with the millions of young people and Americans who are not covered by medical insurance. At other times, we deal with the whole issue of the people who are not getting the proper services. Here we are talking about people that are covered but who run the risk of having this kind of coverage either end someday or not be handled properly or not be of the quality that it should be.

We have before us a proposal that I think makes a major step to address that issue. We have an opportunity to deal with it in a bipartisan fashion.

Madam Speaker, I just wanted to take these few minutes to join the gentleman from New Jersey, to thank him again for bringing us together and to tell him to count on me and his colleagues to continue to put this message forward, that this is about saying what a society stands for.

If a society cannot take care of its children, and we have spoken about that, cannot take care of its elderly, then it really did not accomplish what it set out to do. This is an opportunity, and we can do it.

Mr. PALLONE. We will continue and bring this up on a regular basis.

Madam Speaker, I yield to the gentleman from Washington (Mr. BAIRD).

PROVISIONS FOR LANDSLIDE AND MUD SLIDE VICTIMS

Mr. BAIRD. Madam Speaker, I rise today to inform my colleagues about a rather unique, but important natural disaster that has occurred in my district. Since actually well before I was sworn in, a very slow moving but powerful landslide has destroyed more than 130 homes in the city of Kelso, Washington.

The nature of landslides is such that they are not well covered by coverage normally available through FEMA and HUD and other disaster relief mechanisms available through the government. The result is that these people have lost virtually everything they own. Fortunately, we have lost no lives. But 130 people have seen their dreams destroyed by this landslide.

I have exhausted and worked very hard with my staff and the agencies to provide whatever help we can provide. Yet, still uncompensated and uninsured damages remain, and we have looked for ways that we might be able to help them.

Therefore, we have devised some targeted tax measures that would assist folks in this particular type of situation. It would provide targeted tax relief to homeowners located in State or federally declared disaster areas who have lost their homes due to disasters for which insurance is not readily available.

Let me underscore that. One can buy insurance for a great many natural disasters, but landslide and mud slides, it is very difficult to find insurance, and it is very expensive if one can find it.

Let me underscore also that normal FEMA coverage does not help in situations like this. The homeowners in this particular district have done everything they can. They have done it right. They have played by the rules. They are two income families. Yet, they have lost everything.

So this is what our bill would do. It would clarify the law to ensure that any mortgage forgiveness provided to homeowners would not be taxable as income. What would happen there is, should a lender decide to forgive interest or forgive a mortgage, under current law, that forgiveness could be considered a gift, and the poor taxpayers who now have their home buried under mud would have to pay taxes on a home which has been completely obliterated. It will not be a common thing, but if people are kind enough to step forward and forgive mortgage in those cases, it would be important.

Additionally, this legislation would establish a tax credit to help those taxpayers who required to continue paying mortgage payments on the destroyed home as they also pay rent or additional mortgage payments for a new residence.

Put ourselves in the position of these homeowners. Again, they have played by the rules. Through no fault of their own, their primary home has been destroyed. They are still having to pay mortgage on that home while they rent another residence for their family. This proposal would provide some tax relief in that circumstance.

There is a third thing this would do. If one should try to claim a casualty loss for one's destroyed home, under current law, the calculation on that

loss is on the basis of the home. As we know, the basis is its initial value when one purchased it, not the current value. So what we would do is adjust the way that calculation is developed so that one could deduct, take a casualty loss based on the current value of the home, the most recently assessed value.

These are common sense measures. They are fair measures. They would help good hard working constituents who played by the rules and, through no fault of their own, have lost virtually everything they own. It would have minimal impact on the Treasury because it deals with the very small and specific instance in which our existing laws have not been able and our existing agencies have not been able to help these folks.

Finally, Madam Speaker, and there are some cases where homeowners are fortunate enough to sell their home in these disasters, and this legislation would allow the homeowners to deduct the full value of the loss.

□ 1630

There are some complexities to it which we could share in accompanying written testimony, but my main point is to share the following points:

We have homeowners who have, again, lost everything they owned, who were not able to buy insurance and for whom FEMA and the other disaster mechanisms have not been able to help. This is a targeted, specific and quite inexpensive proposal to just help those folks in federally- or State-declared disaster areas who have lost virtually everything try to get a little bit back through the structure of the tax codes.

I thank the gentleman very much for yielding, and I hope the Congress will consider this favorably.

Madam Speaker, I rise today to inform my colleagues about a natural disaster situation in my district that warrants significant relief, and to introduce legislation that will provide some badly needed assistance to the victims of these disasters.

Since even before I was sworn in as a member of this body, I have been working with a group of constituents from the City of Kelso, in my Southwest Washington district, to provide assistance to their disaster-torn community. This city has literally been torn apart by slow-moving landslides that resulted from heavy rainfalls. In fact, during the last 14 months, more than one hundred homes have been destroyed by those landslides, and the remainder of the homes may suffer the same fate in the next 5 to 10 years.

These constituents and their families have struggled to rebuild their lives after their homes or their businesses tumbled down the hill under tons of mud and debris, and I have done everything in my power to ensure that the federal government does everything that we possibly can to help them to that.

Our Nation has experienced several very powerful natural disasters in the past few years. What differentiates these disasters in my district from many others is the fact that insurance was not readily available for this type of disaster—in fact, most homeowners policies specifically exclude mudslides as a covered peril—and now many of these folks have lost nearly everything they own.

Therefore, Madam Speaker, I have devised some targeted tax measures that would assist folks in this type of situation.

My legislation would provide targeted tax relief to homeowners located in state or federally-declared disaster areas, which have lost their homes due to disasters for which insurance is not readily available. I can't emphasize enough—many of these folks have lost everything. In most cases, any assistance received from FEMA or state agencies might compensate for 15 to 20 cents on the dollar for their losses, but will only be a small step in helping these homeowners get back on their feet.

These homeowners need a fair chance to get back on their feet, without continuing to shoulder the burden of heavy debt for a destroyed residence. So this bill combines a number of changes to the tax code to help give them such an opportunity.

First, the bill clarifies the law to ensure that any mortgage forgiveness provided to these homeowners would not be taxable as income. Madam Speaker, I have heard from some financial planners in my district that in some cases, they have advised their clients not to seek forgiveness of their mortgage debt from their lenders for this very purpose; and I know for a fact that there are some local lenders who would generously provide such relief for some borrowers if, in fact, such forgiveness was sought by the homeowner. The Federal Government simply should not be taxing the generosity of these lenders who may provide relief of a disaster-victim's heartache. To me, this is common sense and should be expressly defined by the tax code.

Additionally, the legislation would establish a tax credit to help those taxpayers who are required to continue paying mortgage payments on that destroyed home as they pay rent or additional mortgage payments on a new residence. These are some of the most devasted homeowners that I have encountered. Not only have they lost nearly everything they own, but now they face years of carrying this heavy burden of debt in addition to the regular expenses of purchasing a new home and rebuilding their lives.

So I have developed a tax credit that would permit these taxpayers to reduce their taxes by the amount of the mortgage payments on that destroyed home in the years following a disaster. As I stated before, this provision would apply to those disasters for which insurance is not readily available, and only to those mortgage payments made after the qualifying disaster. I simply believe that this is the most direct method of helping our constituents who carry this enormous burden.

Third, the bill would adjust the computation of the casualty loss deduction by allowing taxpayers to deduct the fair market value of a home, instead of only the basis in the home as permitted under current law. Again, this applies only to taxpayers facing this extreme set of circumstances and would not apply to taxpayers who elect to take the credit which I discussed previously. But more importantly, this is a fair measure. Taxpayers who may have lived in a particular home for 20 or 30 years, who may have nearly all of their savings tied up in that home, deserve to get an adjusted deduction that accounts for the modern-day value of that home.

Finally, Madam Speaker, in those cases where the homeowner is fortunate enough to sell a home located in such a devasted area, which may or may not have been irreparably damaged but may be severely devalued, this legislation allows taxpayers to deduct the full value of that loss. Current law limits taxpayers to a capital loss deduction of $3,000, with the ability to carry over any balance to future years. Section 5 of this measure would eliminate the $3,000 limit under these narrow circumstances, so that taxpayers would be able to immediately deduct the full value of a loss taken on the sale of their property which, in many areas heavily impacted by natural disasters, may have depreciated extensively. As under current law, any balance of the capital loss beyond taxable income would be carried over to future years. In my opinion, there's no reason for applying this limitation to capital losses to natural disaster situations and, for that reason, I am proposing that we lift the cap in only these cases.

Madam Speaker, I realize that the situation in Kelso may be unusual, but as such, the impact of this measure on the federal government should be limited. It's impact, however, in helping to rebuild the lives of our disaster victims would be enormous.

This is clearly the right thing to do to help our neighbors get back on their feet. As we wrestle with the option for spending projected budget surpluses in the foreseeable future, I ask my colleagues to consider the plight of our nation's disaster victims and to support these efforts to expeditiously enact the measures that I am proposing today.

FIBROMYALGIA

The SPEAKER pro tempore (Ms. GRANGER). Under a previous order of the House, the gentleman from Oklahoma (Mr. LUCAS) is recognized for 5 minutes.

Mr. LUCAS. Madam Speaker, I rise today on behalf of the approximately 3.7 million Americans who are plagued by a little-known chronic disorder called fibromyalgia.

Fibromyalgia is a severe form of arthritis characterized by widespread pain and tenderness in the areas of the neck, spine, shoulders, and hips, as well as by fatigue, weakness and sleep.

Unfortunately for these individuals affected by fibromyalgia, the exact cause of the disorder is unknown, and worse yet, there is no known cure; however, this much is known about fibromyalgia, it may be triggered by stress, trauma or possibly an infectious agent in susceptible people.

Thanks to the efforts of organizations such as the National Arthritis Foundation, the Centers for Disease Control and Prevention, CDC, and the National Institute of Arthritis and Muscular Skeletal and Skin Diseases, NIAMS, breakthroughs in treatments for relieving the pain of those affected by fibromyalgia are now more commonplace, thank goodness. Medical experts, for example, have determined that a combination of exercise, medication, physical therapy, and relaxation